PATENT APPLICATION FEE

Effective October 1, 2000

Application or Docket Number 41275 /JECX2

CLAIMS AS FILED - PART I (Column 1)					(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			22				RATE	FEE] [RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			22 minus 20=		. 2		X\$ 9=		OR	X\$18=	•	
INDEPENDENT CLAIMS			/) minus 3 =		• 7		X40=	·	OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							405	7		.070		
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	. +135=		OR	+270=		
CLAIMS AS AMENDED - PART							TOTAL	*	OR	OTHER	THAN	
(Column 1) (Colum					mn 2)	(Column 3)	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	X\$ 9=		OR	X\$18=		
	Ind pendent	•	Minus	***		=	X40=		OR	X80=	÷	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT						+135=×		OR*	+270=		
	* .,, .		• • •	•			TOTAL			TOTAL		
		(Column 1)	. بيمانيو	(Colu	mn 2\	(Column 3)	ADDIT. FEE		JON ,	ADDIT. FEE		
AMENDMENT B		CLAIMS		HIGH	EST	(Coldinii o)		ADDI-	•		ADDI-	
		REMAINING AFTER AMENDMENT		PREVI PAID		PRESENT EXTRA	RATE	TIONAL		RATE	TIONAL	
	Total	•	Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	X40=		OR	X80=	;	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDEN	CLAIM		+135=		011	→270 −		
						<i>i</i> .	TOTAL		OH	7270-		
							ADDIT. FEE	,	OR)	ADDIT. FEE		
		(Column 1) CLAIMS			mn 2)	(Column 3)					-	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=)	OR	X\$18=		
	Ind pendent	•	Minus	***		=	X40=			X80=		
	FIRST PRESENTATION OF MULTIPLE			EPENDENT CLAIM					OR			
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	+270=	1	
**	** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Numb r Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ***If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											
	The "Highest Nur	nder Previously Pa	ua for" (Total c	or Independ	dent) is th	e nignest numbe	r tound in the ap	propriate bo	x in co	iumn 1.		